MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

MEDICAID DME AND SUPPLIES LISTING						
	Feeding Pumps, Nutritional Supplements, Feeding Kits and Tubes					
Old HCPCS Code	**New HCPCS Code**	**Description**	**Billing Unit**	**SA Type**	Fee	**Limit**
	Enteral/Parenteral Pumps					
	See Durable Medical Equipment and Supplies Manual , Chapter IV, for coverage criteria.					
Effective for dates of service on and after 10/01/07, nutritional supplements for all children under age 21 are carved out of the MCO contract and are covered under the DMAS Fee-for-Service Program within the DMAS established criteria and guidelines. Note: the DME provider must continue to bill the member's MCO for supplies and equipment, including those needed in relation to enteral nutrition. **CCC Plus MCOs will Cover enteral nutrition under the CCC Plus Plan.**						
B9000	B9002	Enteral Nutrition Infusion Pump, Any Type	Each	Y	$612.22	1/60 Months
B9000	B9002 RR	Enteral Nutrition Infusion Pump, Any Type	Day	N	$2.04	3 Months
	B9004	Parenteral nutrition unfusion pump, portable	Each	Y	**$2,654.03**	1/60 Months
	B9004 RR	Parenteral nutrition unfusion pump, portable	Day	N	**$14.00**	3 Months
	B9006	Parenteral nutrition unfusion pump, stationary	Each	Y	**$2,654.03**	1/60 Months
	B9006 RR	Parenteral nutrition unfusion pump, stationary	Day	N	**$14.00**	3 Months
	E0791	Parenteral infusion pump, stationary, single or multichannel	Each	Y	$2,207.52	1/60 Months
	E0791 RR	Parenteral infusion pump, stationary, single or multichannel	Day	N	**$8.40**	6 Months
E1399*	B9998	Extension tubing, male to male end, for use with ambulatory pump	Each	Y	$4.22	31/Month
	Nutrition Kits/Feeding Tubes					
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	B4034	Enteral feeding supply kit; syringe fed, per day	Each	N	$3.03	31/Month
	B4035	Enteral feeding supply kit; pump fed	Each	N	$5.20	31/Month
	B4036	Enteral feeding supply kit; gravity fed	Each	N	$4.07	31/Month
	B4081	Nasogastric tubing with stylet	Each	N	$15.58	4/Month
	B4082	Nasogastric tubing without stylet	Each	N	$10.95	4/Month
	B4083	Stomach tube – Levine type	Each	N	$1.64	4/Month
	B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Each	N	$25.87	1/2 Months
	B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Each	N	$32.33	1/2 Months
B4099, E1399*	B9998	Enteral Supply Kit For Prepackaged Delivery System	Each	Y	$9.05	31/Month
Y0005, E1399*	B9998	Gastrostomy Button Type Feeding Kits (IE Mickey)	Each	Y	$I.C.	1/2 Months
	Nutritional Supplements					
	See Durable Medical Equipment and Supplies Manual , Chapter IV, for coverage criteria. **Nutritional Supplements below do not require preauthorization. Items noted with the IC fee require that the provider submit documentation of their cost with the claim. Documentation should be in the form of an invoice or purchase order that shows the providers cost and MSRP or retail. Claims will be paid based on the invoice and it should be evident to claims representative which item on the invoice corresponds to the item billed. Claims will be paid by using the provider's cost plus a 30% marked up. DMAS will not pay above retail.**					
Effective for dates of service on and after 10/01/07, nutritional supplements for all children under age 21 are carved out of the MCO contract and are covered under the DMAS Fee-for-Service Program within the DMAS established criteria and guidelines. Note: the DME provider must continue to bill the member's MCO for supplies and equipment, including those needed in relation to enteral nutrition.						
	B4100	Food thickener, administered orally, per ounce	per bottle	N	P-$ IC	I.C.

Z4129	B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids)	500 ml = 1 unit	N	$5.36	I.C.
Z4129	B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids)	500 ml = 1 unit	N	$5.36	I.C.
	B4104	Additive for enteral formula	I.C.	N	P-$ IC	I.C.
	B4149	Enteral formula, manufactured blenderized natural foods with intact nutricients, includes protients, fats, carbohydrates, vitamins and minerals, may include fiber This code is for EPSDT use only.	100 Calories = 1 Unit	N	$1.01	I.C.
	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber	100 Calories= 1 Unit	N	$0.40	I.C.
	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber	100 Calories= 1 Unit	N	$0.33	I.C.
	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber	100 Calories= 1 Unit	N	$1.23	I.C.
	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber	100 Calories= 1 Unit	N	$0.72	I.C.
	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination	100 Calories= 1 Unit	N	$0.72	I.C.
	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber	Per can	N	P-$ IC	I.C.
	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron	100 Calories= 1 Unit	N	$0.63	I.C.
	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron	100 Calories= 1 Unit	N	$0.87	I.C.
	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or grater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber	100 Calories= 1 Unit	N	$1.30	I.C.
	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, include fats, carbohydrates, vitamins and minerals, may include fiber	Per can	N	$I.C.	I.C.
	B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber	100 Calories= 1 Unit	N	$1.23	I.C.
	B9998	NOC for enteral supplies	I.C.	Y	P-$ IC	I.C.
Changes						
Changes in bold effective 1/1/18. Competitve bid rates in blue effective July 1, 2016						
*Effective 7/1/2010: any misc. enteral supplies without a HCPCS code should use B9998.						